

WILLARD CITY SCHOOL DISTRICT

REQUEST FOR A HEARING FOR CORRECTION OF STUDENT RECORD

Name _____
Parent or Guardian

Address _____

Student's Name _____ Grade _____ Age _____

School _____ Parent's Phone _____

As a parent of the above named child, I am of the opinion the educational records of my child are in error and should be corrected.

Having discussed a request for correction with the principal and having been denied a correction, I am requesting a hearing to discuss my concerns regarding possible clarification or correction of the records.

I understand that this signed form serves as a written request for such action.

Parent's Signature

Date